

ARIZONA STATE BOARD OF ACCOUNTANCY

Uniform CPA Exam Application Supplement

**Social Security Number
(Confidential Information)**

This form must be completed and submitted with the application to the Arizona State Board of Accountancy (Board) as part of the application packet to sit for the Uniform CPA Examination (Exam).

Under the Federal Privacy Act, disclosure of your social security number to this agency for identification purposes is voluntary. We request social security numbers of our examination applicants for the purpose of carrying out our statutory functions pursuant to A.R.S. § 32-701, *et seq.* Specifically, it is used by the Board for identification purposes to process your application in an efficient and expeditious manner, and to maintain the security and integrity of the Exam. The Board will not release your social security number to unauthorized persons or in any manner contrary to the law.

The Board will be providing a Computerized Uniform CPA Exam through a contract with the National Association of State Boards of Accountancy (NASBA). NASBA has requested that the Board provide them with information provided by you on your application, including your date of birth and social security account number, for the purpose of processing your application, including verification of identity and exam security. Furnishing your social security account number for this purpose is voluntary pursuant to the Federal Privacy Act of 1974. No applicant shall be denied the right to sit for the Exam based on their failure to authorize the release of information to NASBA, however, to ensure and maintain the security and integrity of the Exam, the identification of applicants (who do not authorize the release of information to NASBA) will be verified by alternative means, which may result in a delay in the applicant receiving a notice to schedule to sit for the Exam.

Please type or legibly print the following information:

Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____

- ☐ I hereby authorize the Arizona State Board of Accountancy to share the information listed above with NASBA.
- ☐ I do not authorize the Arizona State Board of Accountancy to share the information listed above with NASBA.

I understand that I am not required to release this information, and if shared that the information will remain confidential and will be used solely for the purposes of verifying candidate identification and exam security.

Signature: _____

Date: _____

Printed Name: _____